

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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42	/	/	/			
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46						
47						
48						
49						
50						
TOTAL IND.			8			
TOTAL DEP.			32			
TOTAL CLAIMS			40			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						